

APPLICATION DATA SHEET

Application Information

Application Type:: Regular
Subject Matter:: Utility
CD-ROM or CD-R?:: None
Sequence Submission?:: Paper
Computer Readable Form (CRF)?:: Yes
Number of Copies of CRF:: 1
Title:: Methods and Composition for Diagnosing and Treating
Pseudoxanthoma Elasticum and Related Conditions
Attorney Docket Number:: PXE-001C1
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 6
Small Entity?:: Yes

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status::
Given Name:: Charles
Middle Name:: D.
Family Name:: Boyd
City of Residence:: Honolulu
State or Province of Residence:: Hawaii
Country of Residence:: US
Street of Mailing Address:: 3330 Paty Drive
City of Mailing Address:: Honolulu
State or Province of Mailing Address:: Hawaii
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 96822

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Hungary
Status::
Given Name:: Katalin
Family Name:: Csiszar
City of Residence:: Honolulu
State or Province of Residence:: Hawaii
Country of Residence:: US
Street of Mailing Address:: 3330 Paty Drive
City of Mailing Address:: Honolulu
State or Province of Mailing Address:: Hawaii
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 96822

Applicant Authority Type:: Inventor
Primary Citizenship Country:: France
Status::
Given Name:: Olivier
Family Name:: LeSaux
City of Residence:: Honolulu
State or Province of Residence:: Hawaii
Country of Residence:: US
Street of Mailing Address:: 2745 Terrace Drive
City of Mailing Address:: Honolulu
State or Province of Mailing Address:: Hawaii
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 96822

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Hungary
Status::
Given Name:: Zsolt
Family Name:: Urban

City of Residence:: Honolulu
 State or Province of Residence:: Hawaii
 Country of Residence:: US
 Street of Mailing Address:: 2640 Dole Street, Apt. A1
 City of Mailing Address:: Honolulu
 State or Province of Mailing Address:: Hawaii
 Country of Mailing Address:: US
 Postal or Zip Code of Mailing Address:: 96822

Applicant Authority Type:: Inventor
 Primary Citizenship Country:: US
 Status::
 Given Name:: Sharon
 Family Name:: Terry
 City of Residence:: Potomac
 State or Province of Residence:: MD
 Country of Residence:: US
 Street of Mailing Address:: 9028 Willow Valley Drive
 City of Mailing Address:: Potomac
 State or Province of Mailing Address:: MD
 Country of Mailing Address:: US
 Postal or Zip Code of Mailing Address:: 20854

Correspondence Information

Correspondence Customer Number:: 021323

Representative Information

Representative Customer Number:: 021323

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation of	09/792,616	02/23/01
09/792,616	An application claiming the benefit under 35 USC 119(e)	60/184,269	02/23/00

Assignee Information

Assignee Name:: PXE International, Inc.
City of Mailing Address:: Washington
State or Province of Mailing Address:: D.C.
Country of Mailing Address:: US

Assignee Name:: The University of Hawaii
City of Mailing Address:: Honolulu
State or Province of Mailing Address:: Hawaii
Country of Mailing Address:: US